

Getting Ahead

The Uneven Opportunity
Landscape in
Northern Virginia

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Executive Summary

General Findings

Exploring the unequal geography of opportunity in northern virginia

Northern Virginia ranks among the healthiest regions of the state, but a closer look reveals wide variation across communities. Life expectancy at the census tract level differs by as much as 18 years, reflecting differences in socioeconomic opportunities and in environmental conditions in neighborhoods that shape health. The same conditions that shape health, from education to housing and transportation, are also what influence social and economic mobility. The opportunity for getting ahead is generally strong in Northern Virginia, but not in certain neighborhoods.

Interspersed among the region's affluent communities are 15 "islands of disadvantage," clusters of census tracts where residents face multiple challenges, including poverty, poor education, unaffordable housing, and lack of health insurance. People of color, who represent a disproportionate share of residents in these neighborhoods, face greater challenges to getting ahead.

Areas of disadvantage in Northern Virginia are often in close proximity to areas of affluence.

Specific Findings

Identifying challenges at the neighborhood level

Preschool: In 44 out of the region's 513 census tracts, 99% of children ages 3 to 4 attended preschool, but in 15 tracts, fewer than 0.1% of preschool-age children were enrolled.

High School: On average, 92% of adults in Northern Virginia had a high school degree, but in 18 tracts, fewer than 75% had completed high school.

Health care: In 45 census tracts, with a total population of more than 240,000, more than 25% of residents were uninsured.

Transportation: Although the percentage of residents commuting to work by motor vehicle ranged from 28% to 97% across the region, more than 20% of people in 17 census tracts lacked access to a motor vehicle.

Income: Median household income for the region was approximately \$122,000 per year, yet 12 census tracts had median household incomes below \$50,000 per year, and more than 10% of the population in 57 tracts received public assistance.

In 26 census tracts, a third or more of children lived in poverty.

Unemployment: Although the overall unemployment rate for Northern Virginia was only 4%, unemployment was above 10% in 18 tracts.

Housing: Housing problems—defined as incomplete plumbing or kitchen facilities, overcrowding, or cost burdens exceeding 30% of annual income—were reported across the region. In 44 tracts, more than two-thirds of renters reported such problems.

Recommendations

Charting a path to a healthier, stronger Northern Virginia for all



Improving health for everyone in Northern Virginia will require efforts beyond health care. It means improving opportunity, which will require collaboration across sectors—by local governments, business leaders and employers, community organizations, schools, voters, and the Commonwealth government. Priorities include:

Expanding access to basic needs, including healthy and affordable foods; quality, affordable housing; and health insurance.

Breaking the cycle of poverty in disadvantaged communities by broadening access to preschool education, improving school quality, increasing the affordability of a two- and four-year college education, attracting new businesses that pay decent wages, offering job training, and providing unemployment assistance for workers without jobs who are struggling to support families.

Investing in community infrastructure, including a built environment that promotes outdoor physical activity; clean air and water supplies; affordable public transportation that serves disadvantaged areas; and greater efforts to reduce violence.

Introduction

The health of adults and children in Northern Virginia varies dramatically across the region, and the same is true for the overall wellbeing of our families and neighborhoods. Consider life expectancy—the average number of years a newborn can expect to live, which ranges widely across the region, from 71 years to 89 years—depending on the census tract in which the child is born. Neighborhoods with lower life expectancy tend to have other poor health outcomes, including not only illnesses and injuries among children and adolescents, but also higher rates of physical disease, mental illness, and premature death among adults—as well as higher health care costs to treat these conditions.¹

What accounts for these large variations in health across such short distances? Access to health care is important, but studies show that health care accounts for only 10-20% of health outcomes.² Health behaviors—such as smoking, physical inactivity, and poor diet—matter greatly, but both our health care and our health behaviors are influenced by our environment and by the social and economic conditions of our households.³

The physical environment includes not only the cleanliness of our air or drinking water but also the physical features of the “built environment” in our neighborhoods that enable people to maintain healthy lifestyles. Examples include the presence of sidewalks, bicycle paths, parks, and other urban design features that promote physical activity, walking or cycling to work or shopping, and green space for children to play outside. Other important environmental features include housing conditions, transportation resources (e.g., bus routes and Metrorail stations), and safety from violence and crime. The social environment of our neighborhoods also affects health. Social support and the social fabric of a neighborhood can be disrupted by social isolation, segregation, and trauma.

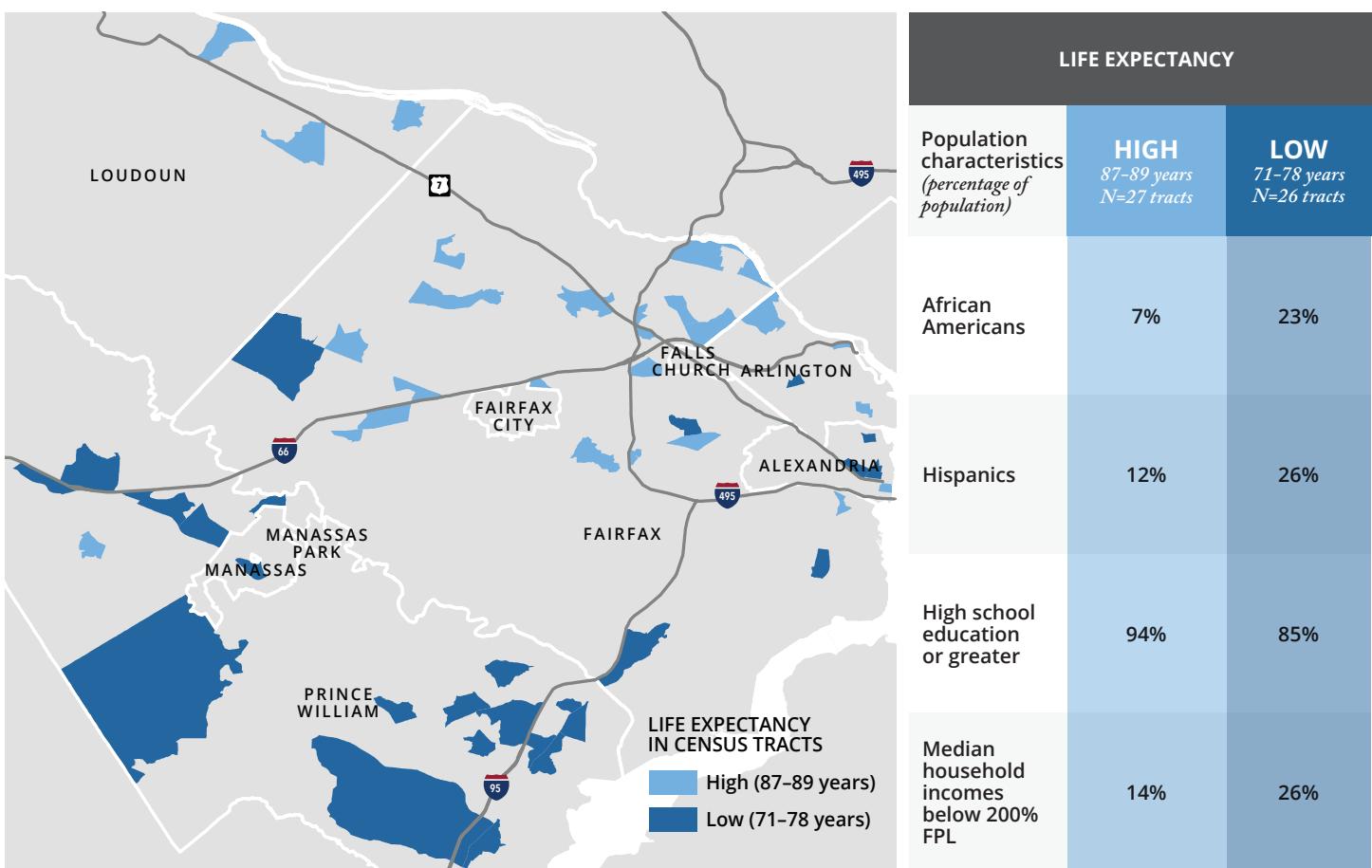
Household economic conditions, such as employment and income, dramatically influence our health; they determine whether we can afford healthy lifestyles (e.g., nutritious foods), pay for health care, or live in healthy and safe neighborhoods. According to one recent study, the high housing costs in Northern Virginia require the average family of four (two adults, one infant, and one preschooler) to earn \$61,068 per year to meet basic expenses.⁴ Earnings in turn are linked to education, especially in today’s knowledge economy. People without a 2-year or 4-year college education face a distinct disadvantage, and those without a high school diploma

or equivalent fare even worse. Studies show that life expectancy is increasing for most Americans, but in some racial groups life expectancy is decreasing and death rates are rising, especially among those without a high school education.⁵

These patterns play out in Northern Virginia. Although the region as a whole is known for its affluence and quality of life, there are stark differences in health and in the socioeconomic conditions that shape health. Consider the 26^a census tracts with the lowest life expectancy in the region (71–78 years). According to the 2013 American Community Survey, the population in these tracts had distinctly lower educational attainment and greater poverty than did those in the 27 census tracts with the highest life expectancy (87–89 years) (Figure 1). Tracts with lower life expectancy also had a larger representation of African American and Hispanic residents.

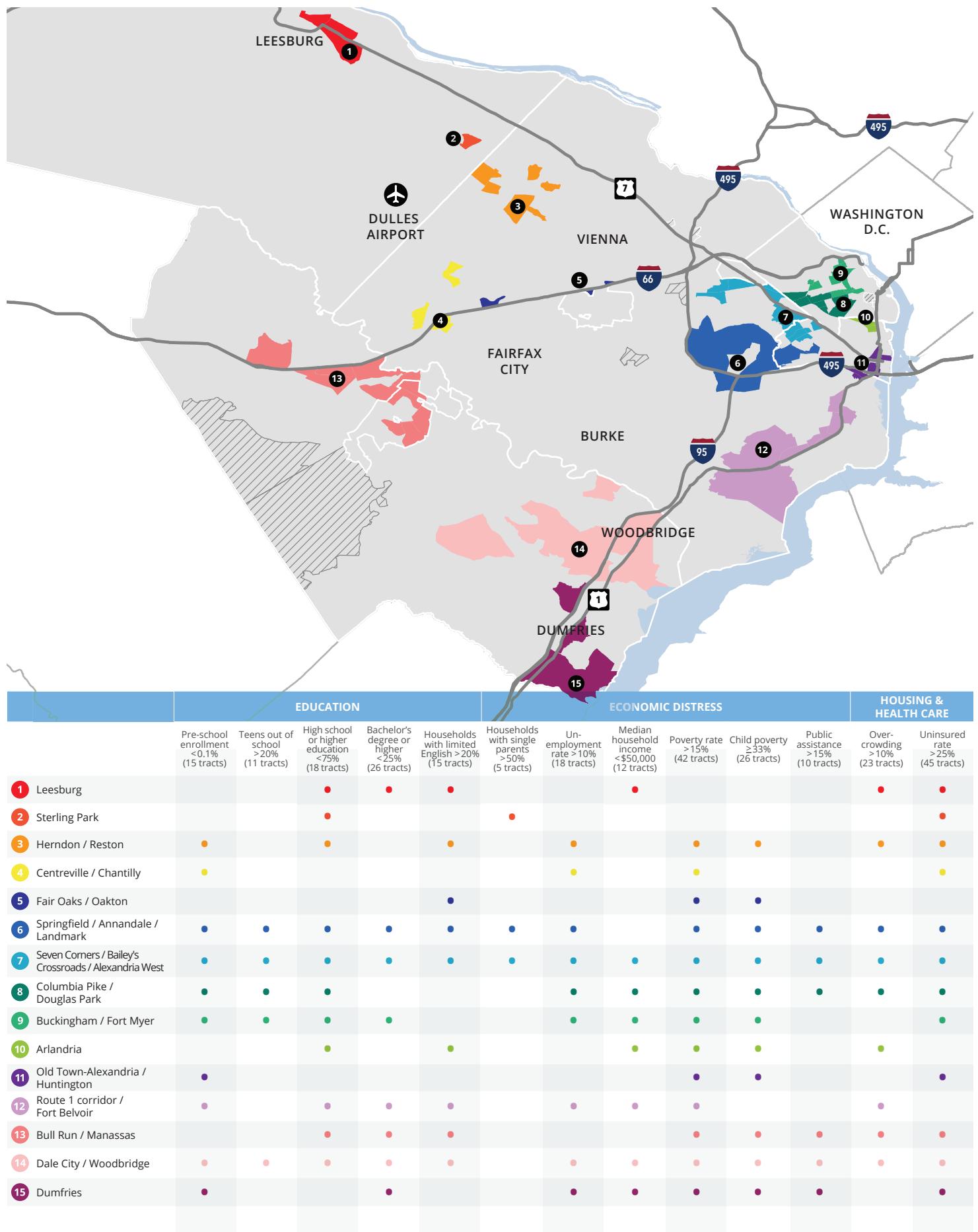
- a. For statistical accuracy, this study reports life expectancy values only for those census tracts with a population of 2,000 persons or greater.

Figure 1. Life Expectancy Extremes in Northern Virginia



FPL=Federal poverty level. Source: American Community Survey, 2013.

Figure 2. Clusters Of Disadvantaged Census Tracts In Northern Virginia



Wellbeing In Northern Virginia

Education, income, housing, transportation, safety, and other living conditions that affect health are also vital to the overall wellbeing of individuals, families, and their communities.⁶ Health is among a broad set of domains that shape the quality of our lives and the economic vitality of our region.

“Getting ahead”—the opportunity for upward social and economic mobility, including the prospects of building a better future for our children—depends on how well our communities provide education, economic security, housing stability, transportation, and a clean and safe environment. Disparities within our region—whether they are health disparities or disparities in housing, career opportunities, or financial security—often share the same root causes, such as inadequate education, material deprivation, and the adverse social consequences they produce.⁷

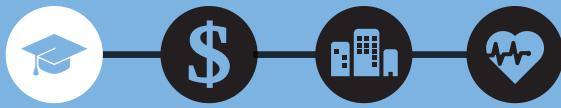
The opportunity profile for Northern Virginia is strong, but the opportunity to get ahead is not uniform across the region, and living conditions are very difficult in certain neighborhoods. There is wide variation in the opportunity landscape across census tracts. Often there are striking differences in living conditions among nearby neighborhoods separated by only a few miles or even a few blocks. These pockets of disadvantage

often coexist a short distance away from affluent neighborhoods with large homes on expansive lots. We examined conditions in the 513 census tracts in Northern Virginia; we collected data on all census tracts in Arlington County, Fairfax County, Loudoun County, Prince William County, and the cities of Alexandria, Fairfax City, Falls Church, Manassas, and Manassas Park. We found that living conditions and the opportunity to “get ahead” are not uniform across the region.

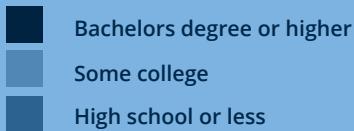
As shown in Figure 2, our research identified 15 “islands of disadvantage” across the region: clusters of adjacent census tracts, amid the affluence of Northern Virginia, where residents face difficult challenges, ranging from poor education and poverty to overcrowded housing and lack of health insurance. Approximately 520,000 persons lived in these 15 clusters. Not all of Northern Virginia is populated by affluent, well-educated families with the resources for upward social and economic mobility. Closer examination of the data reveals wide variation in education, economic resources, housing, and access to health care and transportation. We used 5-year data from the American Community Survey, reported in 2013 by the U.S. Census Bureau. We found stark differences in living conditions across the region.

Data Snapshot: Stark Contrasts in Living Conditions

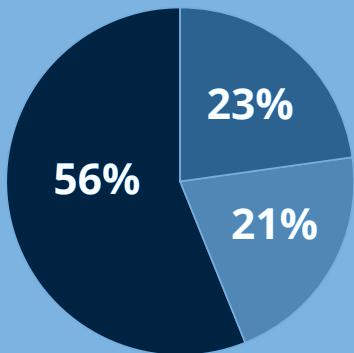
Education



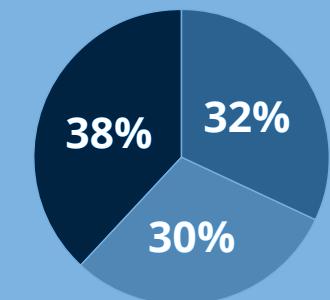
EDUCATIONAL ATTAINMENT



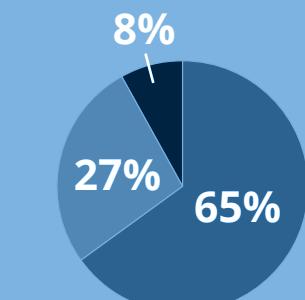
REGION



PRINCE WILLIAM



TRACT 9006



PRESCHOOL: The percentage of children age 3-4 years enrolled in preschool ranged widely across the region, from 44 census tracts where access was very high—more than 99% attended preschool—to 52 census tracts where more than 80% were not in preschool. **In 15 tracts, fewer than 0.1% of children were enrolled.**

SCHOOL ATTENDANCE: We found 11 census tracts across the region where more than 20% of teens (ages 15-17 years) were not enrolled in school. **Rates as high as 45-74% were reported by several tracts in Arlington and Alexandria.**

HIGH SCHOOL EDUCATION: On average, 92% of adults age 25 and older in Northern Virginia had graduated from high school or had a higher education. But averages can be misleading: we found 18 tracts, encompassing a population of more than 95,000 people, where fewer than 75% of adults had completed high school. These pockets of lower education were located in counties with high overall educational attainment. For example, on average in Loudoun County, 94% of adults had at least a high school education, but in one of its census tracts in Leesburg (6105.05), the percentage was only 56%. **And in Fairfax County, in one Bailey's Crossroads census tract (4516.01), only 40% of adults had a high school education.**

COLLEGE EDUCATION: The pattern was similar for college education. Although 56% of adults age 25 and older in Northern Virginia had a Bachelor's degree or higher education—including 93 census tracts where more than 80% had such degrees—the region also included 26 census tracts where fewer than 25% of adults had this level of education and

23 tracts where less than half of adults had never attended college. Many of these tracts were in Prince William County or Manassas.

In one such census tract in Woodbridge (9006), only 27% of adults had attended some college and only 8% had a Bachelor's degree or higher education.

ENGLISH LITERACY: We identified 15 census tracts in the region—including ten in Fairfax County—where a substantial proportion of households (more than 20%) had no one who spoke English exclusively or “very well.” In seven of these tracts, more than 50% of the population were foreign-born immigrants.^b

In one census tract in Seven Corners (4514.00), where 54% of the population were foreign-born, almost one third (29%) of the population spoke little English.

- b. The region had 22 census tracts with a majority (greater than 50%) foreign-born population, 15 of which were located in Fairfax County—primarily in Herndon, Tysons's Corner, Oakton, Seven Corners, Bailey's Crossroads, West Falls Church, Annandale, Lincolnia, and the Route 1 corridor. Other tracts with majority foreign-born populations were located in Leesburg, Ballston, and Barcroft. In one Alexandria census tract that is home to the Southern Towers apartment complex, two thirds (66%) of the population were foreign-born.



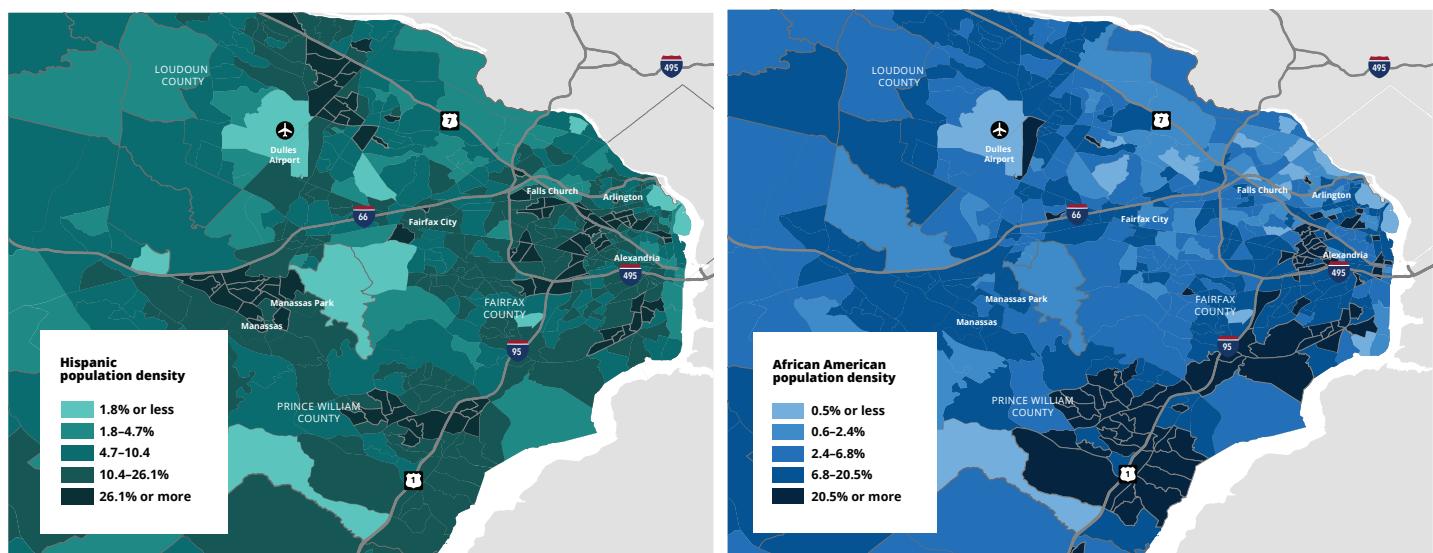
Racial and Ethnic Inequities

People of color experience disproportionate exposure to these adverse conditions, and therefore face greater challenges in getting ahead. On average, Hispanics and African Americans account for 17% and 11%, respectively, of Northern Virginia's population. However, they represent much larger proportions in disadvantaged areas, such as Woodbridge in Prince William County or the Herndon or Route 1 neighborhoods of Fairfax County (Figure 3). People of color are heavily concentrated in certain disadvantaged census tracts. For example, in an impoverished census tract in the Arlandia area of Arlington (1031), 25% of the population were Hispanic and 42% were black. In the nearby Southern Towers census tract (2001.05) in Alexandria, blacks accounted for 72% of the population. In the previously cited Bailey's Crossroads tract (4516.01), 76% of the population were Hispanic, and only 13% were white.

African Americans accounted for more than 40% of the population in tracts bordering the Interstate 95 corridor in Prince William County.

The large immigrant population in Northern Virginia is very diverse, not only in terms of countries of origin, language, and culture, but also in socioeconomic status. For example, high-opportunity areas are more likely to include Asians than Hispanics or immigrants from Latin America. An illustrative case is census tract 6119 in the Brambleton area of Loudoun County. It ranks among the 20 wealthiest tracts in Northern Virginia: the median household income was \$198,680, and the poverty rate was 0.1%. In this affluent tract, Asians (46%) outnumbered whites (40%), whereas Hispanics accounted for only 3% of the population. Although a large proportion (35%) of this tract's population were foreign-born, 88% came from Asia.

Figure 3. Density of Hispanics and African Americans in Northern Virginia



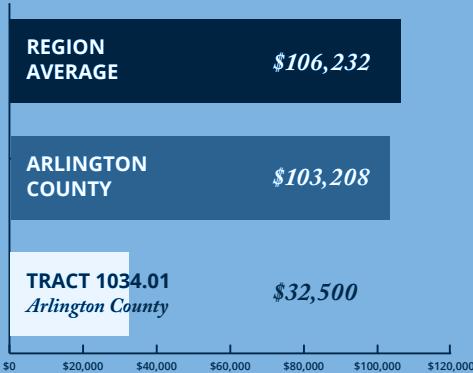
Source: PolicyMap, 2011-2015

Data Snapshot: Stark Contrasts in Living Conditions

Economic Resources



MEDIAN HOUSEHOLD INCOME



EMPLOYMENT: At the time of this study, the unemployment rate in Northern Virginia was only 4%, but we found 18 census tracts with unemployment rates above 10%. **An Arlington census tract adjacent to Fort Myer (1034.01) had an unemployment rate of 27%.**

INCOME: Northern Virginia is known for its high household incomes. The median household income at the time of our study was approximately \$122,000 per year and \$110,000 per year in Loudoun County and Fairfax County, respectively. We found 14 census tracts (mostly in Fairfax County) where median household incomes exceeded \$200,000 per year. But we also identified 12 census tracts in the region with median household incomes below \$50,000 per year. **The Arlington census tract noted earlier, adjacent to Fort Myer (1034.01), reported a median household income as low as \$32,500 per year.** In 57 census tracts in Northern Virginia, more than 10% of the population were receiving public assistance income.

In two census tracts in the Bailey's Crossroads area (4516.01 and 1021.00), more than 25% of the population were on public assistance.

POVERTY: As is true across suburban America, pockets of poverty are growing in Northern Virginia. Although the average poverty rate in Northern Virginia was relatively low (6%), this means that almost 140,000 people across the region were living in poverty. At the time of the study, poverty for a family of four was defined as an annual income below \$23,834. Fully 18% of census tracts in the region—91 of the 513 tracts we examined—had a poverty rate of 10% or higher. We identified 42 tracts (8% of census tracts), home to almost 200,000 residents, where the poverty rate exceeded 15%, including 17 tracts with a poverty rate of 20% or higher. In 26 census tracts, a third or more of children lived in poverty. We found six tracts in the region with child poverty rates above 50%. **One census tract in Gainesville (9015.04) reported that 76% of children lived in poverty.**



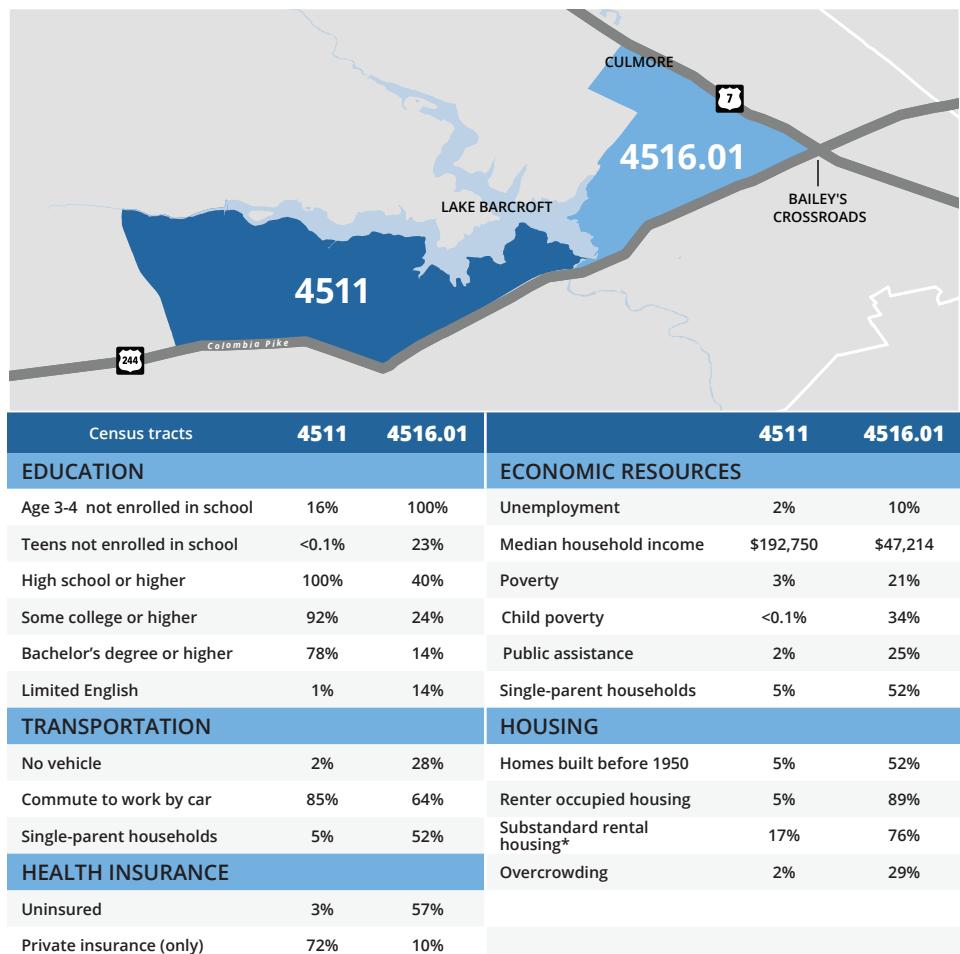
The Proximity of Disadvantage

Throughout Northern Virginia, areas of disadvantage exist only blocks away from affluent neighborhoods with strikingly different demographics, housing, and socioeconomic resources. Consider census tract 4516.01 in Bailey's Crossroads, cited throughout this report for its severe living conditions. The affluent neighborhood of Lake Barcroft lies just west of Bailey's Crossroads. In fact, census tract 4511 borders tract 4516.01, but the two neighborhoods could not

be more different. The former contains waterfront homes on the southern edge of Lake Barcroft, whereas the latter contains the impoverished Culmore area of Bailey's Crossroads.

Figure 4 details the stark differences in the conditions that shape health and wellbeing in these two nearby neighborhoods. In the Lake Barcroft neighborhood, we found that school enrollment was high, more than three

Figure 4. Lake Barcroft vs. Bailey's Crossroads



*Substandard rental housing: incomplete plumbing or kitchen facilities, overcrowding, or cost burdens in excess of 30%.

quarters of adults had a Bachelor's degree or higher education, there was little unemployment, household incomes approached \$200,000 per year, and poverty rates were low. Fully 97% of the population had health insurance and 98% had a motor vehicle.

Just blocks away, census tract 4516.01 in the Culmore area of Bailey's Crossroads was among the most disadvantaged places in Northern Virginia. We found no other census tract in the region that ranked poorly on so many measures of disadvantage. One third of children lived in poverty. Only 14% of adults had completed college. Few people owned homes, the median rent was \$1,374 per month, and 30% of renters spent more than half their incomes on rent. More than half of residents were uninsured. Only 28% had a vehicle and 35% relied on public transit to commute to work.

As is true for other islands of disadvantage in the region, the Bailey's Crossroads population was overrepresented by people of color. The population in census tract 4516.01 was predominately Hispanic; only 13% were white. Approximately two thirds were immigrants, most having entered the country after 2000. Fully 86% of the immigrants came from Latin America (Table 1).

Table 1. Racial-ethnic and immigrant composition

Lake Barcroft vs. Bailey's Crossroads	Lake Barcroft	Bailey's Crossroads
4511	4516.01	
Hispanics	8%	76%
Non-Hispanics		
Whites	76%	13%
Blacks	5%	1%
American Indians/ Alaskan Natives	0%	2%
Asians	5%	6%
Foreign-Born Population	18%	61%
<i>Continent of origin</i>		
Europe	39%	1%
Asia	25%	7%
Africa	6%	5%
Oceania	5%	0
Latin America	23%	86%
North America	4%	0
<i>Years of entry</i>		
Pre-1990	71%	17%
1990s	13%	18%
2000s	11%	65%
2010 or later	5%	0

Although the Lake Barcroft census tract was overwhelmingly (76%) white, immigrants accounted for 18% of the population. However, most came from Europe (39%) or Asia (25%), and 71% entered the United States before 1990.

In summary, conditions exist throughout Northern Virginia that compromise health as well as socioeconomic mobility, and these conditions disproportionately impact people of color. The consequences are profound: they affect life expectancy, escalate health care costs, and limit the economic productivity of households, neighborhoods, and the region itself.



"Conditions exist throughout Northern Virginia that compromise health as well as socioeconomic mobility, and these conditions disproportionately impact people of color."

Data Snapshot: Stark Contrasts in Living Conditions

Housing



In dozens of disadvantaged census tracts, more than **one out of three housing units is substandard**

SEVERE HOUSING COST BURDENS:

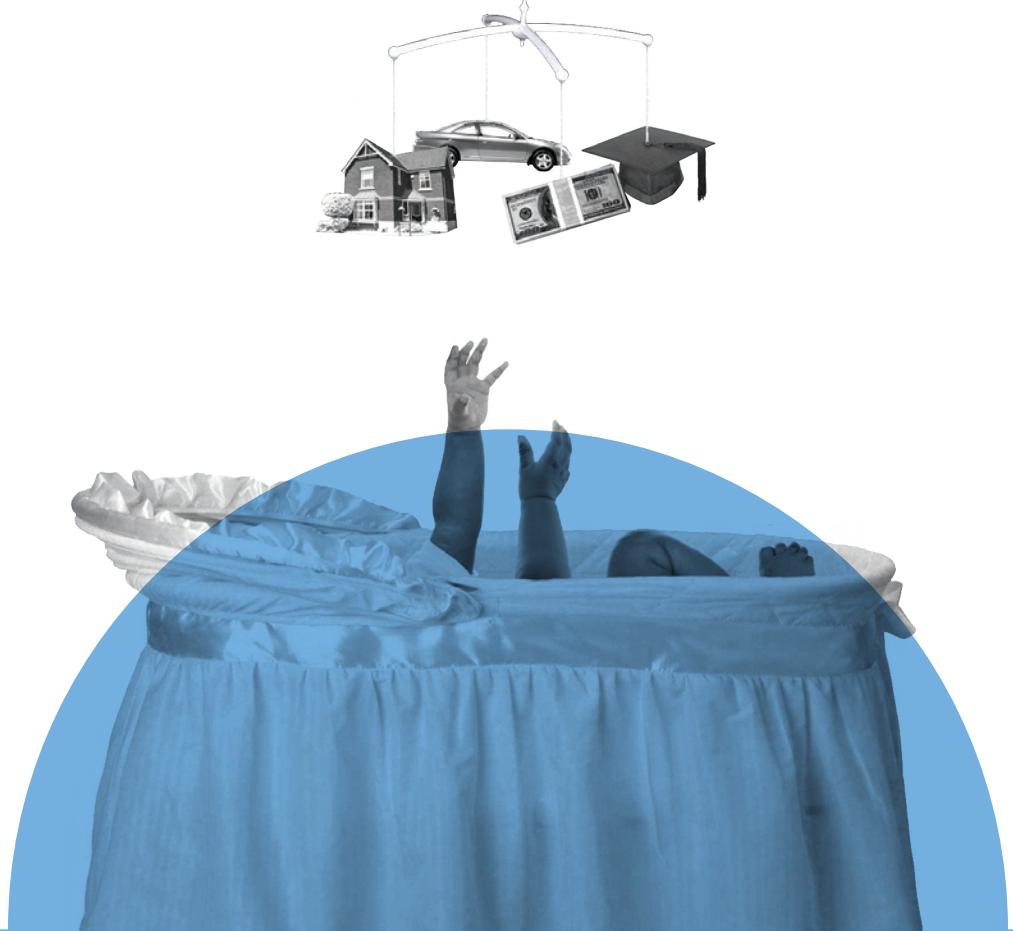
Housing costs were high in Northern Virginia. Median home values by census tract ranged from \$154,300 to \$948,300, and median rents exceeded \$1,000 per month in all but 10 census tracts. In 60 census tracts, representing 257,000 persons, more than one third of rental households reported severe cost burdens, defined as rent that claimed more than 50% of their income. **In one census tract (9012.34) off Dumfries Road in Prince William County, where the poverty rate was high (17%), 79% of rental households reported severe cost burdens.**

SUBSTANDARD HOUSING:

Housing problems—defined here as incomplete plumbing or kitchen facilities, overcrowding, or cost burdens in excess of 30% of income —were reported across the region. We identified 55 census tracts where such problems existed in more than one third of owner-occupied housing units, and a similar prevalence for renters (problems in more than one third of units) existed in 343 of the 513 census tracts we examined. In 44 tracts, more than two thirds of renters reported such problems.

OVERCROWDING: Housing costs and immigration patterns lead many disadvantaged households to “double up,” creating conditions for overcrowding. We found 23 census tracts where more than 10% of households had two or more occupants per room. **In census tract 4516.01 in Bailey’s Crossroads, overcrowding existed in 29% of households.**





Improving Opportunity

Improving the conditions that shape health and wellbeing in Northern Virginia, especially for residents living in areas of concentrated disadvantage, requires policies and strategies that extend well beyond the health sector. These are conditions that cannot be addressed adequately by hospitals, physicians, or even public health departments. They require action by local government, business leaders and employers, community organizations, schools, state officials, and voters.⁹

Even in an area of affluence like Northern Virginia, addressing the disadvantage that exists in the isolated “islands” discussed in this report is important not only for those affected but also for the larger economic and moral strength of the region. Children exposed to adverse living conditions bring trauma to the classroom, affecting their academic performance and behavior, and their accumulated stress as teens can lead them to risky behaviors and criminal activity.¹⁰ For their parents, limited education affects workforce productivity, their health needs raise health care costs, and their social and economic needs strain the budgets of local agencies and community service boards. Economists, from academia to the chair of the Federal Reserve Board, have documented that inequity reduces the strength of the economy, for the nation and for local communities.¹¹

The first priority is to address basic needs in areas of disadvantage, including—

Basic Needs

Food, Housing, Health care



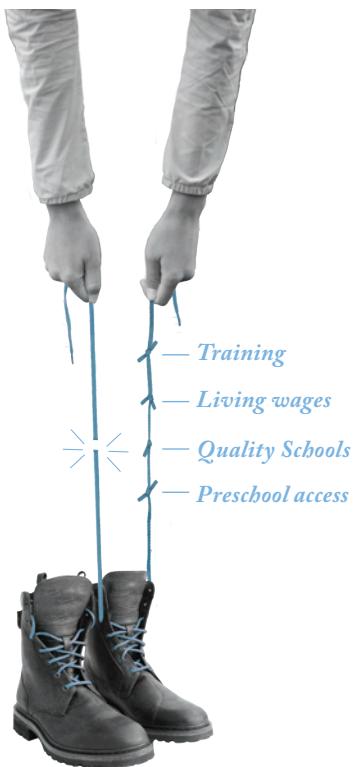
① Food: Access to supermarkets and other outlets that sell fresh and affordable produce and other nutritious foods, assistance to reduce food insecurity and make healthy foods affordable, and zoning restraints on the proliferation of fast-food restaurants and other outlets that promote calorie-dense foods (or retailers that promote alcoholic beverages and tobacco)

② Housing: Mixed-income housing that provides residents with affordable housing that includes basic services (e.g., clean tap water, heating) in neighborhoods not ridden with crime

Medicaid and Medicare; increased access to clinicians, specialists, and facilities (e.g., Federally Qualified Health Centers) in shortage areas where disadvantaged residents live and work; and expanded access to mental health, substance abuse, and dental services for low-income families

Root Causes

Education, Employment



In today's knowledge economy, just addressing basic needs will not have a meaningful impact on the root causes of poverty or economic stagnation without efforts to improve the education and economic mobility of residents. The priority should be the children and adolescents in disadvantaged areas, whose advancement as adults can break the cycle and end persistent poverty in disadvantaged areas.

① Education:

Broadening access to preschool education, addressing the quality of schools in disadvantaged districts and the disproportionate spending on luxury items (e.g., turf athletic fields) that school systems channel to neighborhoods with

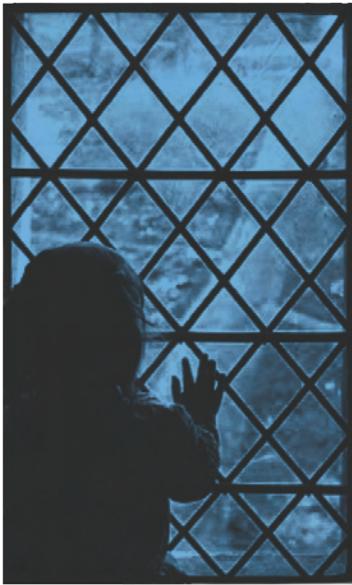
higher property values and tax revenue, and policies to increase the affordability of two- and four-year college educations (and vocational school)

② Employment: Entry of new businesses into disadvantaged areas, especially those that offer

jobs that pay a living wage (adequate for the high cost of living in Northern Virginia), training programs to equip workers with the skills to successfully compete for those jobs, and unemployment assistance for workers without jobs who struggle to support their families

Infrastructure Investments

*Physical and built environment,
Transportation, Public safety*



"Children cannot play outside if the streets are unsafe."

Progress requires not only investments in individuals and families but also in the infrastructure of the community. People need a competent transportation infrastructure to reach jobs, physicians, or child care. Children cannot play outside if the streets are unsafe. Across the country, collaborations between the public and private sectors, notably developers and community development financial institutions engaged in impact investing, are working together to promote economic development because of its competitive return on investment.¹² And communities are increasingly investing in environmental conditions that shape health and promote economic growth. These include:

① Physical environment:

Policies to promote clean air and water supplies and to improve environmental justice by removing (or preventing the construction of) toxin-emitting facilities near disadvantaged neighborhoods

promote outdoor physical activity, reduce crime, and enable residents to walk or cycle to work or shopping

④ Public safety:

Community policing and other strategies to engage residents in preventing crime, youth gang activity, and violence; programs to address the root causes that fuel such activity; criminal justice reform; and alternatives that provide young people with safer outlets for expressing their anger and frustration and for avoiding the cycle of incarceration

② Built environment:

The construction of sidewalks and pedestrian routes, bicycle paths and street lanes, parks, playgrounds, and other forms of green space that

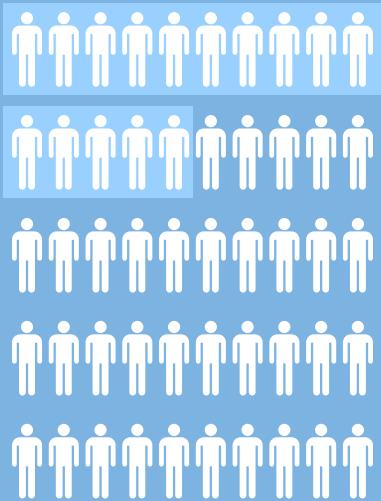
to employment opportunities and schools, and curbing fares for Metrorail and local connector bus services to make public transit more affordable for low-income families

③ Transportation:

Placing bus stops in proximity to disadvantaged areas, modifying transit routes to improve access

These priorities align well with *Region Forward*, the plan for regional planning adopted in 2010 by the Metropolitan Washington Council of Governments.¹³ The 22 jurisdictions that belong to this coalition include not only those in Northern Virginia, but also the District of Columbia and its Maryland suburbs. Similar priorities are emphasized in regional planning by individual counties and cities in Northern Virginia.

Data Snapshot: Stark Contrasts in Living Conditions Health & Transportation



In 45 census tracts more than
**25% of the
population were
uninsured**

HEALTH INSURANCE: We found 45 census tracts — with a total population of more than 240,000 — where more than 25% of residents had no health insurance. Uninsured rates were stunning in some tracts, the highest being 57% in the previously cited tract 4516.01 in Bailey's Crossroads.^c

TRANSPORTATION: The percentage of people commuting to work by motor vehicle ranged from 28% to 97% across Northern Virginia. Mean commute times ranged from 11 to 52 minutes, with the longest commutes generally originating in Prince William County. We found 17 census tracts where a substantial proportion (more than 20%) of people lacked access to a vehicle. All but three tracts had high poverty rates, and most tracts reported a large proportion of people commuting to work by public transit (e.g., Metro). **In one census tract in the Buckingham area of Arlington County (tract 1020.03), where the poverty rate was 21%, we found that 36% of people lacked a vehicle and an equal proportion commuted to work by public transit.** Approximately 3600 people lived in this tract. We have no data on transportation cost burdens. The *Washington Post* reported that the Metrorail fare in effect in 2013 averaged \$2.90 per ride, with some routes during peak hours costing as much as \$5.75.⁸

c. These data were reported by the U.S. Census Bureau in 2013. Implementation of the Affordable Care Act expanded insurance coverage in the United States and probably reduced the number of uninsured persons in Northern Virginia.



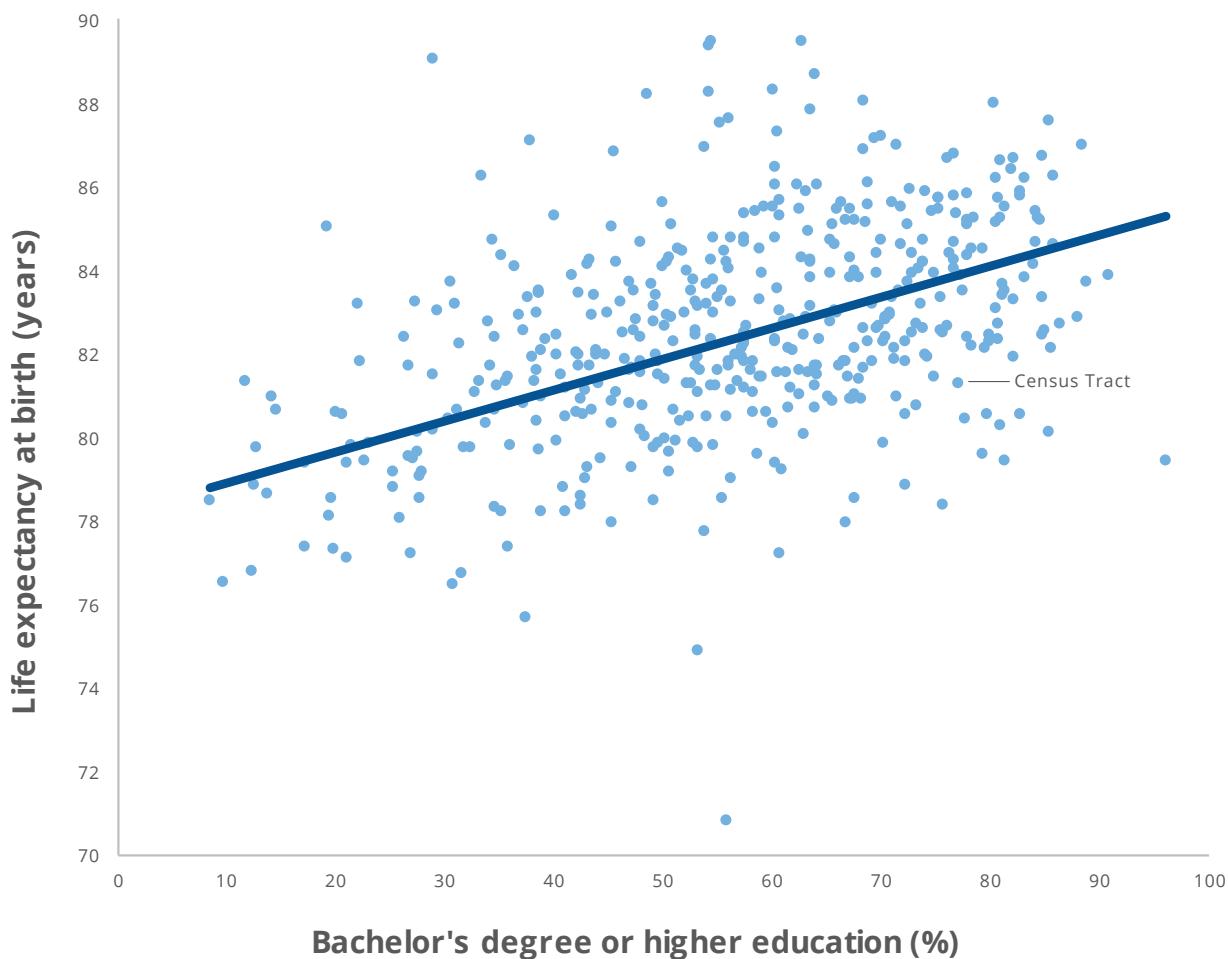
Conclusions

This report seeks to emphasize two important themes that are often overlooked in regional planning. First, conditions that exist at the county level—from quality of life to economic vitality—are not uniform across the region. Averages obscure variance: amid the affluence of Northern Virginia reside pockets of disadvantage, where poverty

and substandard housing conditions exist blocks away from spacious lawns, country clubs, and golf courses.

Second, these conditions affect not only the economic and social mobility of residents and their children, but also their health and longevity. For example, the bold line in Figure 5 shows that life

Figure 5. Correlation Between Life Expectancy And College Education, Northern Virginia



Circles represent individual census tracts

expectancy rises as the level of college education increases. The dots on the graph represent the 469 census tracts in Northern Virginia, showing that life expectancy in these neighborhoods correlates with the percentage of households with a Bachelor's degree or higher education. The disparate conditions that exist in the region and the inequities they produce are of consequence not only to the affected census tracts but to the community at large. They affect the region's economy, health care costs, social services budgets, and crime rates—and they challenge the community's tenets of social justice.

The solutions to this problem are not without costs. Investments in marginalized communities are required to reverse the consequences of decades of disinvestment. Cross-sector collaboration is needed to attract employers, create jobs, energize the economy, grow infrastructure (e.g., sidewalks, parks, supermarkets), and engage community organizations. But there is a potentially strong return on investment. Creative and concerted efforts to open the doors to

opportunity can boost economic productivity by cultivating a more educated, healthy, and competitive workforce—which can be helpful to Northern Virginia's business sector. Investments that reverse economic decline can help mitigate the fraught living conditions that fuel social discord, drug abuse, crime, and gang violence. This in turn could curb costs to local and state governments (and to taxpayers) for programs and services that address these social ills, from unemployment assistance and social services to law enforcement and jails.

Poverty in the suburbs is a growing problem in America.¹⁴ Other metropolitan areas are confronting geographic inequities much like those documented here. Economic and demographic trends indicate that the problem will worsen without action. As Dr. Martin Luther King Jr. observed: "Injustice anywhere is a threat to justice everywhere."¹⁵ This principle also applies to Northern Virginia, and the solutions provide an exciting opportunity to improve the social and economic health and wellbeing of the entire region.

Acknowledgments

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Appendix

Methods Of Analysis

The “islands of disadvantage” discussed in this report refer to clusters of contiguous census tracts (listed in parentheses) located in the following 15 locations: **1. Leesburg** (6105.05, 6105.06); **2. Sterling Park** (6116.02); **3. Herndon/Reston** (4805.05, 4809.01, 4809.03, 4812.02, 4822.01, 4823.02); **4. Centreville/Chantilly** (4911.03, 4912.02, 4913.03, 4916.01); **5. Fairs Oaks/Oakton** (4918.01, 4618.01, 4619.02); **6. Springfield/Annandale/Landmark** (2003.03, 2004.05-07, 2005, 4201, 4306, 4507.02, 4519-20, 4521.01-02, 4522, 4523.01-02, 4524, 4525.02, 4526); **7. Seven Corners/Bailey’s Crossroads/Alexandria West** (2001.02, 2001.04-05, 2001.07, 2003.01, 4502-03, 4506.02, 4514, 4515.01, 4516.01, 4527, 4528.01-02); **8. Columbia Pike/Douglas Park** (1021-22, 1023.02, 1027.01-02, 1031-32); **9. Buckingham/Fort Myer** (1016.02, 1017.01, 1018.02-03, 1020.01, 1020.03, 1025, 1034.01); **10. Arlandria** (2012.03-04); **11. Old Town-Alexandria/Huntington** (2007.03, 2016, 2018.02, 4204, 4205.02); **12. Route 1 corridor/Fort Belvoir** (4154.01, 4162, 4214-16, 4217.01, 4218-19); **13. Bull Run/Manassas** (9014.07-08, 9015.04, 9016.02, 9017.01-02, 9102.02, 9103.01-02, 9104.01, 9201); **14. Dale City/Woodbridge** (9002.01-03, 9004.03-04, 9004.07, 9004.09-10, 9005.01, 9006, 9007.01-02, 9012.03, 9012.11-12, 9012.23, 9012.27,

9012.34); and **15. Dumfries** (9009.01, 9010.12, 9011). Disadvantaged census tracts outside of these clusters included 4402.01 (Merrifield), 4318.02 (Lake Braddock/Kings Park West), 4712.01/4802.03 (Tyson’s Corner), 1035.02/1036.02 (Pentagon City/Crystal City), and 9013.05/9014.17 (Nokesville). These 15 geographic areas had at least one census tract with the following conditions: 1. Pre-school (age 3-4 years) enrollment < 0.1%, 2. Adolescent population (ages 15-17 years) not enrolled in school > 20%, 3. Population with high school or higher education <75%, 4. Population with Bachelor’s degree or higher < 25%, 5. households with limited English > 20%, 6. Households with single parents > 50%, 7. Unemployment rate > 10%, 8. Median household income < \$50,000, 9. Poverty rate > 15%, 10. child poverty ≥ 33%, 11. Public assistance > 15%, 12. Overcrowding > 10%, and 13. Uninsured rate > 25%. These conditions were sometimes observed in geographically isolated census tracts not located within the 15 clusters. Median household income for the Northern Virginia region was computed as a weighted average based on the number of households in the nine localities. **The detailed source data for this report are available upon request.**

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